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From: Dean H. Nakamura
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Client-Matter Number: 105032-991220

Re: Submission of Revocation of Power of Attorney
U.S. Appl. No. 09/889,935
Filing Date: December 5, 2001
First Named Inventor: Holger KLAPPROTH, et al.
Group Art Unit: 1634

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1. Submission of Revocation of Power of Attorney (1 page).
2. Revocation of Power of Attorney (executed - 1 page).

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In re application of:
Holger KLAPPROTH et al.

Application No. 09/889,935

Filed: December 5, 2001

For: IMMOBILIZATION OF
MOLECULES ON SURFACES
VIA POLYMER BRUSHES

Group Art Unit: 1634

Examiner: Betty J. Forman

Atty. Docket No. 105032-991220

Customer No.

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PATENT TRADEMARK OFFICE

SUBMISSION OF REVOCATION OF POWER OF ATTORNEY

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
Mail Stop: Patent Application

Sir:

Applicants respectfully submit Revocation of Power of Attorney to appoint the undersigned as the agent for the above-identified application. Entry of the Revocation of Power of Attorney is respectfully requested.

Please note the new correspondence address.

Respectfully submitted,

Date: January 10, 2005
Dean H. Nakamura
Registration No. 33,981

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Revised PTO/SB/82 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

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Attorney Docket No. 105032-991220

**REVOCATION OF POWER OF
ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	09/889,935
Filing Date	December 5, 2001
First Named Inventor	Holger KLAPPROTH
Group Art Unit	1634
Examiner Name	B. Forman
Attorney Docket Number	105032-991220

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I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

☐ A Power of Attorney or Authorization of Agent is submitted herewith.

OR
☒ Please change the correspondence address for the above-identified application to:

☒ Customer Number **35928** →

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PATENT TRADEMARK OFFICE

OR

<input checked="" type="checkbox"/> Firm or Individual Name	GRAY CARY WARE & FREIDENRICH LLP				
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Address	Suite 300				
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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	i.v. Dr. Leonore Hönig (Micronas)
Signature	
Date	26.08.2004

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 2 forms are submitted.

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